Harnett County Central Permitting PO Box 65 Lillington, NC 27546

Telephone Number 910-893-4759

Application for Building and Trade Permit Owner's Name: Allen Faircloth Date: Address: 174 N McKinley Street Coats, NC 27521 Phone: Directions to job site: From Lillington, take Hwy 421 to Buies Creek. Exit onto Hwy 27. Take Hwy 27 to stop light in Coats. TR at stop light. Go one block and it's the first building on left. Subdivision: Construction Type: (Please Check) Building Use: (Please Check) Residential New x Renovation Modular X Commercial Addition Moved House Multi-Family Other Description of Proposed Work: Total Project Cost: Replace existing slop roof with A-frame. Add 17' x 32' addition on front of building. Seal 4 existing doors and add additional exit door in back. **Building Permit Information** Heated SF 1864 Crawl Space () Building Construction Cost \$ \$35,000 Unheated SF ___Slab () Acres Disturbed _ Stories Building Contractor's Company Name Telephone Self contracting Address License # Signature of Officer(s) of Corporation **Electrical Permit Information** Description of Work Establish new service, rewire bldg Electrical Cost \$ \$10,000 TS Pole: Yes () No () Underground (X) Overheard () Permanent Service: Underground () Overhead () Service Size: Amps Electrical Contractor's Company Name Telephone 919-669-7209 On Time Services, Paul Maynard Address 1140 NC55E License # 24450 Coats, NC 27521 Signature of Officer(s) of Corporation **Mechanical Permit Information** Description of Work Number of Units 1 Unit Type System ___ Heat Pump ___ Mechanical Cost \$ \$13,000 Mechanical Contractor's Company Name Telephone 919-422-5418 Michael Coates 15 Fig Berry Street Address License # 22489 Clayton NC 27521 Signature of Officer(s) of Corporation Plumbing Permit Information Description of Work 2 \$8,000 Number of Baths _ Plumbing Cost \$ Plumbing Contractor's Company Name Telephone 919-669-7979 Brent Adams Plumbing Address License # 432 Aquilla Rd 17359 Benson, NC 27504 Signature of Officer(s) of Corporation **Insulation Permit Information** Residential () Other () Not Required (X) Insulation Contractor's Company Name Address Telephone

Sprinkler System Information

Sprinkler Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation Fire Alarm System	Information
Fire Alarm Contractor's Company Name	Telephone
Contact Person	
Address	License #
Signature of Officer(s) of Corporation <u>Driveway Ac</u>	ccess
NC Department of Transportation Driveway Access/Pern	nit? Yes No
I hereby certify that I have the authority to make necessorrect and that the construction will conform to the Plumbing and Mechanical codes, and the Harnett Conformation on the above contractors is correct as known above contractors I certify it is my responsibility to notify of any changes.	e regulations in the Building, Electrical County Zoning Ordinance. I state the vn to me and if any changes occur in the
Signature of Owner/Contractor/Officer(s) of Corporation	Date
All	12-12-2019

The undersigned applicant for Building Permit #_____ being the:

> Contractor Owner

Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

> Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.

Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.

Has/have not more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Firm Name 12/12/2019

By/Title:

Date: